Periscope

Neurologisches Centralblatt

(Vol. 26. 1907. No. 1. January 2.)

A Contribution to the Knowledge of Myohypotonia or Myatonia Congenita. M. BERNHARDT.

This disease was first described by Oppenheim in 1900, who thought that the condition is due to congenital lack of development of the muscles. Spiller was the first to obtain a postmortem and found normal nerves but a lack of development of the muscles. In some cases a lesion of the thymus gland was found. Secondly, Bernhardt called attention to the fact that in many cases where there has been no lesion of the muscles there may be obtained a reaction of degeneration to the electrical current and that this is due to a form of neuritis described by Gombault as pre-Wallerian in which there was degeneration only of the medullary sheaths, and he thought that this condition of myatonia congenita was really one of polyneuritis of early infancy and not due to a congenital lesion of the muscles.

(No. 2. January 16.)

Neuritis the Result of Creosote. W. G. HUET.

The author described seven cases of multiple neuritis resulting in ingestion of phosphate of creosote. The symptoms were those typical of multiple neuritis. The quantity ingested varied from 25 grams to a bottle. The occurrence of neuritis resulting from such causes should be borne in mind especially in the treatment of patients with tuberculosis.

(Nos. 3 and 4. February 1 and 15.)

The Vessel Changes in the Brains of Congenital Syphilitics. OTTO RANKE.

The author gives the results of his examinations of fifty brains of children from the third fetal month to several months after birth. Thirty-eight of these range from the fifth fetal month to full birth. The principal changes are found in the interstitial vessels and secondarily in the parenchyma of the organs. They can be divided first, into the characteristic vessel diseases, second, into diffuse small cell infiltration, third, into circumscribed round cell collection, the so-called miliary syphiloma, and lastly into circumscribed and diffuse changes in the connective tissue in the vessel cells. Not the least of his findings in his excellent paper is the demonstration of the spirochaeta pallida in two of the cases.

(No. 4. February 15.)

Cerebral Hemiplegic Phenomenon. Z. BYCHOWSKI.

The author describes a certain phenomenon found in hemiplegics with the patient lying in a supine position. If an attempt is made to flex either limb this cannot be done without difficulty, but if an attempt is made to flex both lower limbs at the same time, it will be impossible to move the paralyzed limb. The author believes this to be due to the fact that the cerebrum is accustomed to alternate actions and because of this there will be coördinate phenomena as flexion of both lower limbs.

This phenomenon has been described by Gasset and Gaussel who explained this by the failure of the action of the pelvic muscles, a much better explanation.

(No. 5. March 1.)

Etiology and Specific Therapy of Basedow's Disease with the Application of Moebius Antithyroidin. Dr. Rattner.

The author first discusses the different theories of the disease and believes that it is probably due to a disturbance in the secretions of the thyroid gland. He gives the practical results obtained in treatment of this disease by the antithyroid serum of Moebius. In all of these cases there was an improvement of the cardinal symptoms for a time but the results were not permanent and he states that he knows of no cases in which good permanent results have been obtained by this serum.

(No. 6. March 16.)

The Pathology of Continuous Rhythmic Movements of the Musculature Concerned with Swallowing. Dr. Klein.

In 1904 the author reported these two cases clinically. He has since obtained postmortems and the present report concerns these with the study of these two cases. In the first case there was difficulty in speech and swallowing and unilateral rhythmic movements of the musculature concerning swallowing. The second case only differed from the first in that the rhythm of the contractions was bilateral. In both there was a complete study made. The author found, however, in both cases multiple areas of softening throughout the hemispheres but the pons and medulla in both cases were normal. The important finding, however, was that in the first case there was found an area of softening in the cerebellum, in the outer and middle part of the dentate nucleus, as well as in the substance of the superior, posterior and median lobes. In the second case the lesions were bilateral. The author believes that the disturbance in swallowing was probably due to the cerebellar lesion, although he is by no means certain of this.

(No. 7. April 2.)

A Further Case of a Temporary Loss of the Patellar Reflexes in Hysteria. Dr. Wigand.

The author reports a case of traumatic hysteria in which there was for four years either a diminution or loss of both patellar reflexes. He quotes other cases in literature reported by Nonne, Marie, Dejerine. The patient had besides all of the usual symptomatology of hysteria.

(No. 10. May 16.)

Myasthenia Gravis. A. Borgherini.

Borgherini studied carefully three cases of myasthenia gravis and was able to obtain the muscles in these cases and study them. His conclusions are that there is a relation between myasthenia gravis and progressive muscular dystrophy, inasmuch as he found them associated in the patient and the anatomical changes were the same; the electrical muscular reactions in this disease are positive and can also be obtained by galvanic irritation; the whole electric muscle reaction does not depend upon an ordinary increase of the muscle nuclei and of the destruction of the sarcoplasm but also the existence of a certain chemical substance which is the product of the life of the cells in the diseased muscle and lastly concludes that the clinical picture of poliomyelitis and encephalomyelitis can in many cases resemble those of myasthenia gravis.

(No. 13. July 1.)

Concerning the Resulting Symptoms of Lesions of the Central Nervous System. MAX ROTHMANN.

In a rather long article the author discusses the recent views expressed by von Monakow regarding the so-called diaschisis in which the latter expressed the opinion that a lesion in one part of the nervous system must have a resulting action in other parts. Rothmann believes that while this is true in lower animals it becomes less so as we go higher up in the scale and in the human being where special functions become more highly localized there is very little action at distance resulting from lesions.

(No. 14. July 16.)

Irritation of the Cerebellum. A. LOURIE.

The author in some experiments upon the cerebellum on lower animals disagrees with most of the experiments performed by others, agreeing, however with Ferrier in the fact that irritation of the declive occasionally produced movements of the eyeballs on the same side. In opposition to Ferrier he also found unilateral movements of the eyeballs. The experiments of the author are of negative value.

(No. 18. September 16.)

A Case of Tumor of the Hypophysis with a Roentgen Ray Photograph. DR. SCHUSTER.

The value of the Roentgen ray in cranial surgery is yet to be demonstrated. It is therefore with great interest that we note that in a case of tumor of the hypophysis the author was able to demonstrate a tumor in this area.

A Case of Progressive Facial Hemiatrophy with Ocular Symptoms. DR. SALOMON.

The author details a case of this type with no sympathetic symptoms, but involvement of the internal and the external rectus on the same side. A neurotic origin is suggested by the author.

(No. 20. October 16.)

A Case of Rhythmical Continuous Cramps of the Swallowing and Respiratory Muscles Resulting from Functional Traumatic Neuroses. E. ERNST.

The author describes an interesting case of traumatic neurosis in which, besides the usual symptoms of hysteria there were present spasmodic rhythmical cramp-like movements of the muscles concerned with respiration and swallowing. The author discussed the two similar cases reported by Klein in this Journal and abstracted above in which the latter ascribed the cause as being due to cerebellar lesions. He discussed Klein's cases and disagrees with him, believing the cause to be that of hysteria.

(No. 23. December 1.)

Sacral Form of Multiple Sclerosis. H. OPPENHEIM.

The author reports an interesting case of a man 46 years who twelve years ago had sudden weakness in his lower limbs and bladder disturbance which terminated in incontinence. Some years afterwards he had sharp pains in his limbs followed by impotence. No cerebral symptoms excepting some dizziness. Examination showed no motor symptoms in the limbs or anesthesia; total loss of reflexes, sphincter and anal reflexes and a circumscribed anesthesia for touch and pain. On the left side there was besides increased patellar jerks with the Babinski reflex. Oppenheim believes that there are two diagnoses, possibly either spinal syphilis or multiple sclerosis, and believes it to be a sacral form of multiple sclerosis.

T. H. Weisenburg (Philadelphia).

American Journal of Insanity

(Vol. LXIII. No. 3, 1907.)

1. Embryonic Pia. C. B. Farrar.
2. Hysterical Insanity, with Ganser's Syndrome. H. P. Frost.
3. Addison's Disease with Terminal Mental Symptoms. Harry W. Miller.
4. Cerebellar-Vestibular Syndrome. I. H. Coriat.
5. Cerebral Arteriosclerosis. J. B. Ayer.
6. History and Uses of Term Dementia. G. Alder Blummer.
7. Insanity and Suicide. Charles W. Pilgrim.
8. Family Care of the Insane in Massachusetts. O. Copp.
9. Case of Loss of Memory. Chas. W. Burr.
10. Is Dementia Præcox the New Peril in Psychiatry? J. T. Rowe.

1. *The Embryonic Pia.*—Some studies carried out chiefly on the chick embryo. The author shows that the membranes, both dura and pia-arachnoid, are developed from a mesoblastic structure which very early surrounds the epiblastic cerebro-spinal axis. The differentiation between the dura and pia takes place quite early, the pia being characterized especially by the formation of numerous vascular channels. The constituent elements of the embryonic pia-arachnoid are all derivatives of the branching embryonic connective tissue cells. The author differentiates these into four categories. (*a*) Border epithelial cells bounding the membrane within and without. (*b*) Arachnoid cells forming the trabeculæ bounding the so-called arachnoid spaces. (*c*) Reticulated cells, the wandering cells of the arachnoid stroma disappearing with the maturity of the membrane. (*d*) Mural elements building the walls of the blood vessels. The finding of the reticulated cell he thinks of interest in view of its importance in certain pathological processes. It is not found in the normal adult brain.

2. *Hysterical Insanity.*—Clinical history of a youth of 18 years of age, who subsequent to a fall on the head, after a period during which he acted foolishly and committed several thefts and forgeries, developed a psychosis marked by confusion, foolish answers and queer ideas more or less connected with his business as an agent for an arc light said to contain radium. He was much prostrated physically, showed complete analgesia of the skin and in his replies to questions gave a symptom-complex suggesting that described by Ganser. After about two weeks, sudden clearing of consciousness in the middle of the night, and gradually complete recovery.

3. *Addison's Disease with Terminal Mental Symptoms.*—A woman of 47 years of age after two years' illness from Addison's disease became fretful, discouraged, showed diminution of volitional impulses, incapacity for mental effort, and memory defect. She also had ideas apparently